

Health Care Coverage in Rhode Island, 2002

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Providing health insurance coverage for all persons continues to be a daunting challenge for the nation and the states. The census bureau recently reported that 43.6 million people (15.2% of the U.S. population) lack health insurance in 2003, up 5.8% from 2002. This is the largest single year increase in lack of coverage in a decade. Rhode Island was cited as one of 18 states with a significant increase in the percent of uninsured.¹

Achieving universal health insurance coverage for the people of Rhode Island is a Healthy Rhode Islanders 2010 objective.² Healthy Rhode Islanders 2010 also has an overarching goal of eliminating health disparities defined by gender, race or ethnicity, education, income, disability, or geographic location.² In a prior publication the authors examined disparities in health coverage for adults ages 18–64 as of 2000.³ This report presents current data on disparities in health coverage for Rhode Island's working age population (ages 18–64). The analysis identifies those groups in Rhode Island facing the greatest obstacles to achieving full health care coverage.

Methods. The Rhode Island Department of Health (HEALTH) conducts an annual telephone survey of a random sample of adult Rhode Islanders concerning key health risk behaviors, participation in health screening, and access to health care. The survey includes basic questions on health insurance coverage* and questions about the demographic characteristics of respondents. It is performed as part of the national Behavioral Risk Factor Surveillance System (BRFSS).

The BRFSS is funded by the Centers for Disease Control and Prevention (CDC) in all 50 states, Washington DC, and three territories.⁴ The BRFSS has been conducted in Rhode Island continuously since 1984, and by a professional survey contractor since 1990. During the years 1991 through 1997, about 1,800 Rhode Island adults were interviewed each year. For 1998 through 2002 the annual sample size was increased to between 3,600 and 4,000.

**[Note: Health insurance questions on the BRFSS include an initial screening question for health coverage of any kind, a question for those with coverage that identifies their particular type of health plan or program, and a verification question for those without coverage to assure they considered all major sources of coverage in giving their answer. For this report and other recent analyses,³ the response to both the initial and verification question were used to determine insurance coverage. In some earlier publications of BRFSS data on health coverage in RI,⁵ and in national reports of BRFSS data on health coverage, only positive responders to the initial screening question were considered to be insured. Therefore uninsured prevalence reported in those publications may be somewhat higher than data presented here.]*

Results. Results from Rhode Island's BRFSS for years 1996–

2001 indicate a gradual decline in the percentage uninsured for adults ages 18–64 (from 11% to 8%). However, the uninsured increased from 8% in 2001 to 11% in 2002. (Figure 1) This corroborates the national census report of a recent surge in the uninsured in RI. An estimated 70,600 persons between the ages of 18 and 64 lacked health insurance coverage in Rhode Island in 2002, an increase of 18,900 persons from 2001.

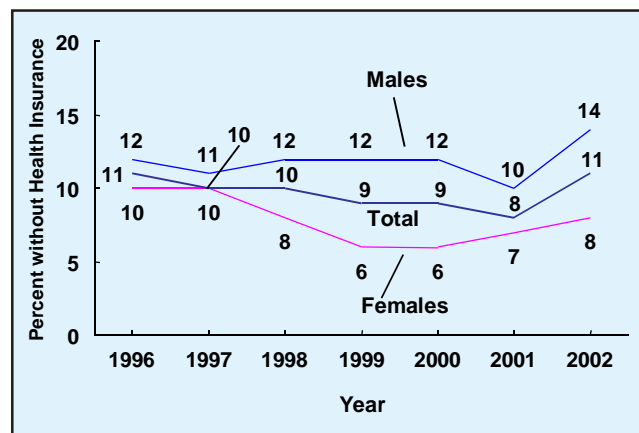


Figure 1. Percentage without health insurance coverage, by sex, ages 18–64, Rhode Island, 1996–2002.

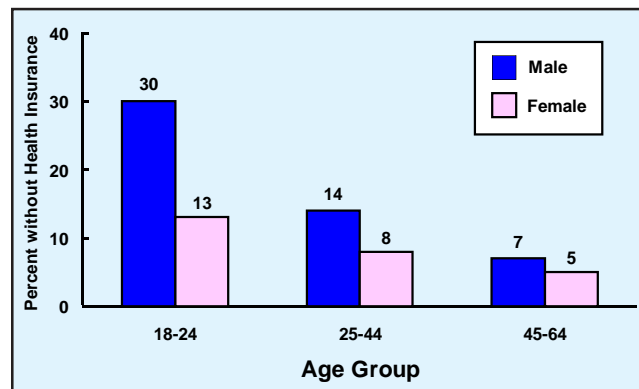


Figure 2. Percentage without health insurance coverage, by age group and sex, ages 18–64, Rhode Island, 2002

Males have consistently been likelier to be uninsured than females. (Figure 1) While the uninsured rate for males remained relatively flat from 1996 to 2000, the rate for females declined. However, from 2001 to 2002 the uninsured rate increased for both sexes. Approximately 44,300 males (14%) and 26,300 (8%) females ages 18–64 lacked health insurance in Rhode Island in 2002.

One in five (22%) adults ages 18–24 lacked health insurance in 2002, almost twice the rate for adults ages 25–44 (12%), and almost four times the rate for adults ages 45–64 (6%). The disparities are more extreme by gender. (Figure 2) Almost a third (30%) of males ages 18–24 lack health insurance, more than twice the proportion for young adult females (13%). The gender disparity persists in older age groups as well, although the size of the gender gap decreases.

Health by Numbers

In 2002, the proportion of self-employed uninsured (21%) was almost three times the proportion for wage earners (8%), and close to the proportion of unemployed persons who were uninsured (28%). Fifteen percent (15%) of persons unable to work were uninsured. The uninsured rate for homemakers, students and retired persons (9%) was similar to that for wage earners (8%). (Figure 3) Looking at the composition of the uninsured population by their employment status, almost half (47%) of the 70,600 uninsured persons in the state work for wages, and 19% are self-employed; another 16% are unemployed. (Figure 4)

Large disparities in health coverage also exist among groups defined by income and by race/ethnicity. The percentage of working-age adults lacking health coverage is highest among people with annual household incomes under \$25,000, and decreases as income increases. The proportion of low-income persons without coverage (24%) is eight times higher than for persons with household incomes exceeding \$50,000 (3%). The proportion of working-age minority adults who were uninsured (26%) in 2002 was almost four times the proportion of working-age White non-Hispanic adults who were uninsured (7%).

Discussion. Rhode Island remains among states with the lowest proportion of uninsured persons.¹ However, the increase in RI's uninsured from 2001 to 2002 means that achieving universal coverage for the state's population is a growing challenge. The disparities that exist between demographic groups can inform efforts to provide health coverage for all Rhode Islanders. Programs in recent years have targeted low-income children and women with considerable success. These achievements can serve as models to address the disparities in health coverage documented here among

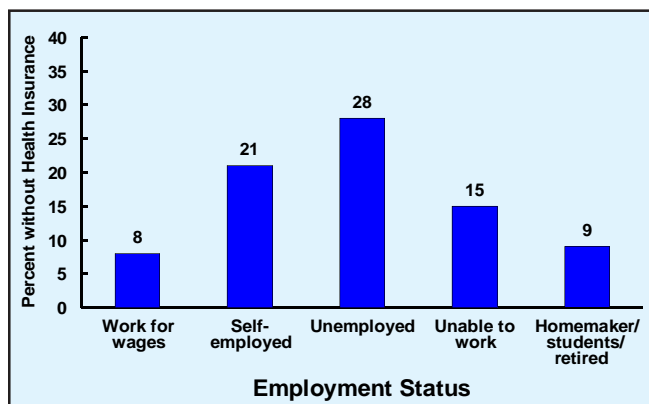


Figure 3. Percentage without health insurance coverage, by employment status, ages 18-64, Rhode Island, 2002

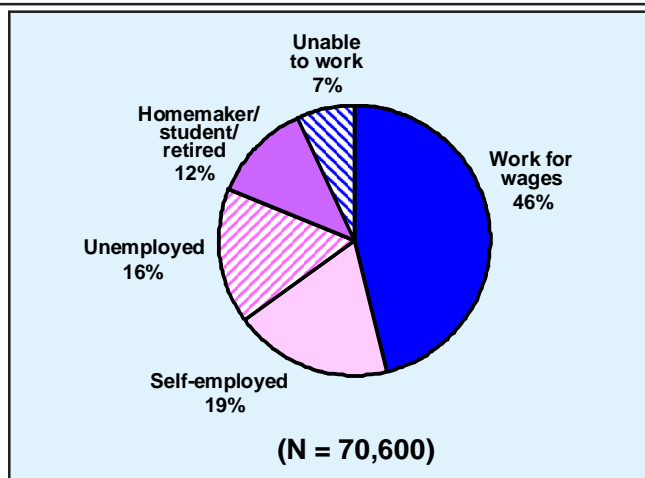


Figure 4. Uninsured working age (18-64) adults by employment status, Rhode Island, 2002

working-age adults. For example, if policy efforts were directed towards improving access to health insurance through channels that address the employment status of individuals (whether working or unemployed), 82% of the uninsured population would be directly affected. Through these mechanisms, it is likely that disparities among other demographic groups would be reduced as well.

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